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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		STATE FILE NO. 669	
1. PLACE OF DEATH		BUREAU OF VITAL STATISTICS		REGISTERED NO. 244	
COUNTY	Yuma	STATE	ARIZONA		
TOWNSHIP		OR VILLAGE			
CITY	Yuma	NO.	Yuma General Hospital	ST.	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)					
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED		YRS. MOS. DS.		HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.	
2. FULL NAME		Infant of Ray Davis		HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. MOS. DS.	
(A) RESIDENCE: NO.		Yuma Box 903		ST. WARD.	
(USUAL PLACE OF ABODE) (IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	Male	4. COLOR OR RACE	Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (WRITE THE WORD)	Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1936					
7. AGE	YRS. MONTHS DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.			
Stillborn					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	Child				
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)	11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Yuma Arizona					
FATHER	13. NAME Ray Davis				
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Oklahoma				
15. MAIDEN NAME Rosie Le Grande					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Oklahoma					
17. INFORMANT Ray Davis Box 903-Yuma					
18. BURIAL, CREMATION, OR REMOVAL PLACE Yuma Cemetery DATE 12/22/36					
19. EMBALMER (LICENSE NO.) SIGNATURE The Galician Bros. ADDRESS Yuma, Arizona					
20. FILED Dec. 21, 1936 Mary W. Thompson REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1936					
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec. 21, 1936 TO Dec. 21, 1936					
I LAST SAW HIM ALIVE ON never, 19 DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT Birth.					
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: DATE OF ONSET					
Stillborn					
Breach Presentation					
1st Baby					
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: Weight 9 lb. 4 oz.					
NAME OF OPERATION Delivery DATE OF Dec. 21-1936					
WHAT TEST Did not breathe. CONFIRMED DIAGNOSIS? WAS THERE AN AUTOPSY?					
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19					
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)					
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE					
MANNER OF INJURY					
NATURE OF INJURY					
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF					
IF SO, SPECIFY Harry A. Reese, M. D. (SIGNED) Yuma, Arizona. (ADDRESS)					